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EAST HANOVE	ER, NJ 07936-1080		Martha M			(Depositor's name)
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				May 1, 2	.008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/522,443	10/27/2005		William Jordan Hall		CL/V-32580A/CVA US-PCT	8655
TITLE OF INVENTION	: METHOD OF MANU	FACTURING A CONTA	ACT LENS		33.0.	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	JE DATE DUE
nonprovisional	МО	\$1440	\$300	\$0	\$1740	06/27/2008
EXAMINER ART		ART UNIT	CLASS-SUBCLASS			
SUGARMAN, SCOTT J 2873		2873	351-177000	01 FC:11 92 FC:11		•
1. Change of corresponde CFR 1,363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the patent front page; fist <sup>31</sup> 3.99 DA			
CFR 1.303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,			
Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Novartis AG Basel, Switzerland						
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖺 C	orporation or other private	group entity Governmen
4a. The following fec(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee     Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order -			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2965 (enclose an extra copy of this form).			
5. Change in Entity Sta			D			CED 1 05/ \/0\
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party i interest as shown by the records of the United States Patent and Trademark Office.						
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Authorized Signature Tooks Authorized Signature Date May 1, 2008						
Typed or printed name Robert Ambrose Registration No. 51,231						

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